

AMERICAN CITIZEN REGISTRATION FORM Date: \_\_\_\_\_  
Please complete all sections and include copy of Passport.

Name: \_\_\_\_\_

(FIRST) (MIDDLE) (LAST)

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Gender: male/female      Hair Color: \_\_\_\_\_      Eye Color: \_\_\_\_\_

Purpose of Visit/Employing Organization:\_\_\_\_\_

Date of Arrival: \_\_\_\_\_ Anticipated Departure: \_\_\_\_\_

Home Address in Afghanistan: \_\_\_\_\_

Work Address in Afghanistan:

### Phone Numbers in Afghanistan:

E-mail Address:

Additional Contact Methods (radio, fax): \_\_\_\_\_

Passport No.: \_\_\_\_\_ Place of Issue: \_\_\_\_\_

Date of Issuance: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

<i>Dependents' Name</i>	<i>Date &amp; Place of Birth</i>	<i>Passport Number</i>
<b>Spouse:</b>		

Children: \_\_\_\_\_

Emergency Contact in the U.S. (name/Next of Kin):

Relationship:

Contact's Address:

Contact's Telephone No.: \_\_\_\_\_

## PRIVACY ACT STATEMENT

In accordance with the Privacy Act (PL-93-579) passed by the U.S. Congress in 1974, a Foreign Service post cannot release any information regarding your welfare and whereabouts to anyone without your written consent except as set forth in the Act. Therefore, it is requested that you complete the authorization below:

I UNDERSTAND THAT THE INFORMATION INCLUDED IN THIS FORM WILL BE RELEASED TO A DESIGNATED WARDEN. IN THE EVENT PERSONS REQUEST INFORMATION REGARDING MY WELFARE AND WHEREABOUTS, THE INFORMATION CAN BE RELEASED TO THE FOLLOWING:

- Anyone
- No One
- Family
- Individual Members of Congress
- The Following Persons:

(Date)

(Signature)